

OFFICE OF THE SHERIFF

Standardized Line-up Training

TOPIC: MANAGEMENT OF SUBJECTS IN EXCITED DELIRIUM

REFERENCE: Patrol Division Manual 3.01.43

OVERVIEW

Deputies periodically come into contact with individuals exhibiting bizarre behavior. This behavior is often a result of alcohol intoxication, the influence of drugs, mental illness, uncontrolled anger, or a combination of these factors. However, in some cases bizarre behavior may be associated with a serious medical condition called excited delirium, which in some instances may be fatal. Experts believe that intense physical exertion, such as when a subject violently resists arrest for prolonged periods, may increase the risk of death. The purposes of this bulletin are to help deputies (1) identify individuals who are possibly in a state of excited delirium, (2) manage the situation in a manner that minimizes the risks to all those involved, and (3) facilitate medical care for the individual as soon as practical.

RECOGNIZING DELIRIUM

Delirium is a disturbance of consciousness that develops over a short period of time, usually hours to days. The condition can be caused by several factors including, chronic drug use (particularly cocaine or methamphetamine abuse), substance withdrawal, and/or mental illness. The person's ability to focus, sustain, or shift attention is impaired, and he/she is easily distracted. The person's speech may be rambling and incoherent, and it may be difficult or impossible to engage the person in conversation. The person may also be disoriented in regards to time and/or location, misinterpret perceptions, be delusional, and/or experience hallucinations. Due to an elevated body temperature, many of these individuals remove one or more items of clothing, and they often appear impervious to pain.

A person in an excited delirium state may also exhibit one or more of the following: **agitation, excitability, paranoia, aggressiveness, unusual strength, fear, rage, apathy, depression, confusion, shouting, violence toward objects, sudden calmness, hyperactive, endurance, sweating, hyperthermia, attraction to glass, and violence towards others.**

When a deputy reasonably believes an individual may be in an excited delirium state, the individual is to be treated as if he/she is in a medical crisis and will require medical attention. The individual must receive medical attention regardless of whether the subject is also suspected of being under the influence of drugs and/or alcohol.

The nature of this delirium and its effects on the body are such that continued struggling may worsen the medical condition, and may result in the person's death due to medical complications. The Department recognizes that it may be necessary to subdue a person, who poses a risk to

himself and/or others. When it becomes reasonably necessary to subdue a person who is believed to be in an excited delirium state, deputies should attempt to minimize the length of the struggle and seek immediate medical attention for the person immediately thereafter.

INCIDENT MANAGEMENT

If a deputy responds to an incident and concludes that an individual may be in an excited delirium state, the deputy shall, as soon as practical, request EMS to respond (code-3) if they were not initially dispatched to the incident. If the subject involved or others at the scene pose a potential threat, the deputy shall designate a nearby safe location for EMS personnel to stage until the scene is secure.

If the person appears to be unarmed and does not appear to pose an immediate threat to the physical safety of deputies or to other persons, or to him or herself, or pose an immediate threat to escape, deputies shall, if practical, contain the subject while maintaining a safe distance and remove others who might be harmed by the subject from the immediate area. In this situation, the objective is to gain the person's voluntary cooperation.

If feasible, attempt to "talk the person down." Ideally, only one deputy should engage the person in conversation. However, if the person is unresponsive or non-compliant with the first deputy, attempts to communicate should be made by other deputies present. The deputies should project calmness and confidence and speak in a conversational and non-confrontational manner. The statements should include reassurance and that the deputy is trying to help the person. Whenever possible, determine if the person can answer simple questions; this will give the deputies at the scene an idea of the level of coherence of the person. Deputies should be patient when handling these subjects and avoid rushing the situation unless circumstances dictate that immediate physical restraint is warranted.

If it is determined that it is necessary to subdue/restrain the person, efforts should be made to minimize the intensity and duration of the subject's resistance and to avoid engaging in a potentially prolonged struggle. If circumstances allow, it may also be possible to limit the subject's resistance by employing several deputies simultaneously to restrain the subject quickly. These subjects may not feel pain, making some control holds, OC, and impact weapons ineffective. The EW in "probe mode" may be used to control the person, however, multiple cycles should be avoided as they may increase medical risks to the subject. A single EW cycle should be used by deputies to control and restrain.

Once the subject is restrained, he/she should be placed in an upright position to aid in breathing. If this is not possible, they should be rolled on their side with no additional body weight placed on their upper torso, head and neck. EMS personnel will treat the person as soon as possible on scene. Some individuals believed to be in an excited delirium state have gone into cardiac arrest shortly *after* a struggle ended. As a result, the person's breathing shall be monitored at all times and first aid given as needed. The person is to be transported by ambulance to an emergency medical facility for evaluation and treatment.

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